

TRICARE *Europe* COMPASS

TRICARE Europe
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The TRICARE Europe COMPASS is published quarterly by the office of the TRICARE Europe Lead Agent. If you have questions or concerns, or would like to see specific articles or information in the COMPASS, please contact Sue Christensen, TRICARE Europe Public Affairs Officer, at DSN 496-6315 or civilian (49)-(0)6302-67-6315 or e-mail teo.pao@sembach.af.mil. Comments, suggestions and article submissions are welcome.

TRICARE Europe Welcomes New Lead Agent

The TRICARE Europe Health Services Region, comprised of Europe, the Middle East, the former Soviet block countries and Africa, gained a new leader as the Army's Europe Regional Medical Command (ERMC) changed commanders in a ceremony held in Heidelberg, Germany on June 13, 2000.

Brig. Gen. Richard L. Ursone became the Command Surgeon for US Army, Europe, and 7th Army and took command of the US Army's Europe Regional Medical Command from Brig. Gen. (Dr.) Michael J. Kussman who held those positions from April 1998 through June 2000. Additionally, General Ursone serves as Lead Agent for the TRICARE Europe Region and holds the position of Corps Chief of the Army Medical Service Corps.

General Ursone, whose most recent assignment was executive officer to the Army Surgeon General, is the first non-physician to command ERMC.



Brig Gen Richard Ursone speaks at the change of command ceremony in Heidelberg on 13 June 2000.

A native of Stamford, Connecticut, General Ursone was commissioned through the Reserve Officer Training Corps (ROTC) upon graduation from Providence College in 1971. He holds a Master of Science degree in Education from the University of Southern California and a Master in Business Administration from Trinity University in Texas. Military schooling includes the Army Medical Department Officer Basic and Advanced

Courses and U.S. Army Command and General Staff College. He is a graduate of the Industrial College of the Armed Forces (ICAF).

General Ursone's most recent assignment was at Headquarters, Department of the Army, where he served as Executive Officer to the Army Surgeon General. His other assignments include Medical Supply Officer, and Executive Officer, 46th Mobile Army Surgical Hospital; Chief, Materiel Branch, Cutler Army Hospital, Fort Devens, Massachusetts; Chief, Storage and Distribution, and Chief, Stock Control, 6th Medical Depot, Korea; member of the Tri-Service Medical Logistics Group, Fort Detrick, Maryland; Course Advisor, Medical Logistics Management Course, Academy of Health Sciences, Fort Sam Houston; Chief, Plans, Doctrine and Materiel Development, Logistics Division, Directorate of Health Care Operation, Office of The Surgeon General; member, Strategic Logistics System Task Force, Office of the Deputy Chief of Staff for Logistics, Washington, D.C.

He commanded the 47th Medical Logistics Battalion at Fort Hood, Texas. During Operations Desert Shield/Storm, he deployed the battalion to Saudi Arabia and was designated Commander, U.S. Army Medical Materiel Center-Saudi Arabia (USAMMC-SA). Before attending ICAF, he served as the director of Readiness, U.S. Army Medical Materiel Agency. From July 1994 to July 1996, General Ursone served as the Commander, U.S. Army Medical Materiel Center, Europe located at Pirmasens, Germany; many initiatives during his command there resulted in the center's recognition with a Vice Presidential Hammer Award. Upon his return from Europe, he was assigned as the Chief of Staff/Deputy for Materiel for the Headquarters, U.S. Army Medical Research and Materiel Command, Fort Detrick. ■

From the Director...

by Col Debra Geiger
TRICARE Europe Executive Director

In March of this year, DoD and TMA leadership, along with the Service Surgeons General, signed out a letter detailing the focus and responsibilities of the Military Health System (MHS) Optimization Plan. Trying to figure out what this means at our various organizational levels can be an arduous task. I had the opportunity to discuss this with our regional MTF Commanders during the recent Optimization Conference we held (see Dr. Larsen's article on the conference on page 7 of this COMPASS).

Now, I would like to share some of that discussion with those of you with whom the TRICARE Europe Office interfaces on a regular basis. Let me take a moment to provide a brief overview of the content of the letter. It begins by identifying the focus of the MHS Optimization Plan, which is:

- Recapturing care to the MTFs
- Improving health/increasing appropriate access
- Improving population health
- Ensuring continuity of care, and
- Increasing satisfaction and loyalty of beneficiaries

"implementing optimization is an enormous task...especially when MTFs are expected to continue doing most of the things they have been doing"

For the most part, these things have been our focus for a long time. However, with downsizing and an increasing *ops tempo*, we have begun to allow more of our workload to flow into the community than we can afford to—from both a cost and training perspective. Additionally, there are lots of new techniques and best practices that have been tried and proven, in both the military and civilian sector, that we need to incorporate into our business practices. Many of these practices will give us an opportunity to become more efficient in our daily operations. Please do not misunderstand—optimization is not looking at "increasing bean counts"; rather it is focused on drawing appropriate work back into our facilities.

Also identified in the letter from our leadership is that MTF input and involvement is key to the success of the MHS Optimization Plan. That is a given! Overall, MTFs accomplish about 75% of the beneficiary care for the MHS—and the best data we have indicates that number is even higher in this theater. But implementing optimization is an enormous task...especially when MTFs are expected to continue doing most of the things they have been doing. Our leadership, recognizing

that, said that the Lead Agencies would be "crucial as the plan is implemented across the MHS." The Lead Agent offices are responsible to:

- Provide MTFs performance measures/feedback and
- Take the lead in ensuring uniform elements of population health, including:
 - Enrollment
 - Assessment
 - Prevention
 - Demand Management
 - Case Management
 - Disease Management
 - Referral Management

The chart below is a means of examining the primary elements of the optimization plan and looking at what the TRICARE Europe Office (TEO) has done in the past, and intends to do in the future, to further MHS optimization within our theater.

<u>ELEMENTS</u>	<u>CURRENT SUPPORT</u>	<u>FUTURE SUPPORT</u>
Performance Measures	Health Plan Metrics/ ACCESS	Trend analysis ■ Refine Metrics/ ACCESS tools
Feedback	Reports/Lists	Additional data support ■ Clinical data ■ Claims data
Population Health	Contracts, Limited Case Mgmt	Population Health Div ■ Established Jul 00 ■ Identify additional case mgmt opportunities

Our current support has been limited by staff and organizational design. One of the things that we have done at the TRICARE Europe office to support this initiative is to redesign the organization to place greater emphasis on population health. We now have a separate division, directed by Lt Col Elizabeth Robison, to help focus our energies. We will be making some additional changes, in terms of acquiring personnel to offer greater analytical support. We hope these things will provide better service to you, our valued customers! We will also be establishing work groups to ensure we have your feedback—with your input, we can better assist your optimization efforts, thus improving the system for all.

In his recent *TRICARE Plain Talk* column on the web, Dr. Sears, Executive Director of the TRICARE Management Activity, discussed what optimization means to beneficiaries (see page 9 of this COMPASS for a reprint of Dr. Sears' article). I encourage you to review it to help you translate what the *optimization initiative* means to the customers you serve on a daily basis. ■

General Accounting Office Releases Report

by CDR Cindy DiLorenzo, Executive Officer

On 31 August 2000, the GAO released its report to the Subcommittee on Military Personnel, Committee on Armed Service, House of Representatives entitled "Defense Health Care - Resources, Patient Access, and Challenges in Europe and the Pacific." One of the most favorable reports to date on Defense Health Care, the GAO states "...the system appears to have largely overcome the extensive access to care and other problems we reported in 1990 and 1995 and generally to be satisfactorily caring for beneficiaries."

The GAO made the following recommendations to the Secretary of Defense:

- to complete the analysis of aeromedical utilization and implement the best long term approach identified for transporting overseas patients needing care not available locally;
- to improve medical screening policies to help ensure that beneficiaries overseas do not have medical problems exceeding the capacity of MTFs and local

health care providers

- to complete the development of policies reinforcing standards to ensure health care access for overseas beneficiaries when they travel outside their TRICARE regions; and
- to continue working to expand, where possible, the use of host nation providers and provide feedback to such providers on the quality of care.

This positive GAO Report is directly attributable to each of you. Your dedication and commitment to ensuring quality health care for our beneficiaries are evident in your daily activities. The GAO team recognized your commitment and reported to the House of Representatives a favorable review of the delivery of Defense Health Care in Europe and the Pacific.

For a complete copy of the GAO Report, go to the GAO web site at www.gao.gov. You may find the report under the alphabetical listing by title or by subject matter. ■

Claims Processing Update

by Uli Engle, Customer Support Services

Sometimes providers are paid incorrectly or overpaid and WPS will request that the money be paid back. In most instances, the providers will recognize that they have been paid incorrectly and voluntarily repay the funds. Funds transfer by civilian providers throughout Europe in most cases is done electronically. However, DoD and WPS prefer that any funds repayments be made by check. The repayment checks should be made out to **WPS/CHAMPUS**. If a provider cannot issue a check to WPS, he/she may wire transfer the funds in the following manner:

RECIPIENT BANK:

M&I Marshall & Ilseley Bank
Milwaukee, WI, USA
Swift: MARL US 44
TELEX: TRT 190470 Maril Mil

Instruct the bank that further credit is to be made to:

FINAL RECIPIENT BANK:

M&I Madison Bank
Madison, WI, USA
ABA#: 075911205
Account Name: Wisconsin Physician Service/CHAMPUS
For family members: Account #: 21-01759 *
For AD members: Account #: 57-24697

* Note: The above account number (for family members only) was changed effective 1 Oct 2000.

Please be sure to tell the provider to include the claim number when wiring funds.

All fund-wiring fees will be borne by the recipient of the funds i.e. WPS.

Claims Processing Refresher

Stale dated (expired) checks: When a check cannot be cashed because it has expired, the **payee** (beneficiary or provider) must write a short letter to WPS to request that a replacement check be issued. WPS can only issue a new check if the request is in writing and from the original payee. The expired check and a copy of the TRICARE Explanation of Benefits (TEOB) should be included with the letter to WPS.

Lost checks: When a check has been lost in the mail, the **payee** must write a letter to WPS stating the facts and requesting that a replacement check be issued. It is necessary to identify the name of the patient, the sponsor's SSN and the claim number if known.

Please note: The re-issuance of these checks may take some time because of banking and regulatory requirements. ■

The Customer Support Services Division is hard at work developing a plan to deliver customer services training to medical facility staff throughout the region. In September, MSgt Ron Peoples attended a week-long training program conducted by TMA to "train the trainers" to come back home and begin conducting regional customer services training. This will be in conjunction with plans to implement additional Beneficiary Counseling and Assistance Coordinator (BCAC) training in the region. At the same time, CSSD is developing a training program for the new Debt Collection Assistance Officer (DCAO) program. Watch for more information on these new programs in future issues of this newsletter.

TRICARE Europe Breast Health Program Case Manager Arrives

By Marianne Airhart
Breast Health Case Manager

Imagine if you will, a woman who has just discovered a lump in her breast. Imagine the confusion and apprehension that goes through her mind as she tries to grapple with the potential problems that finding this lump entails. First and foremost is the question, do I have breast cancer? Will I need a biopsy? What do I tell my family?

If the worst comes true and a diagnosis of cancer is confirmed, then a whole new set of important decisions must be made. What surgery is best for me, a lumpectomy or a mastectomy? Should I have an immediate breast reconstruction or should I wait? Will I need chemotherapy, radiation therapy or both? What is my cancer stage? (Staging is a system to classify tumors according to size, lymph node involvement, and metastasis. It is the prime determinant of therapy.) Who will take care of my family, while I am getting care?

Throughout this complex process, the woman and her family are bombarded with stressors from all sides. At every turn, there are more vital decisions to be made which will affect the woman for the rest of her life. To a woman who is unfamiliar with the "system" and who must also cope with the diagnosis of breast cancer, even simple decisions can be difficult. For the active duty woman and single parent, finding sources of support is not an easy matter. Many want to return to the states to be near family and friends. However, humanitarian returns to the states only apply to family members and not to active-duty. What are her options? Many women seek the support and experience of others who have had breast cancer. In the states the American Cancer Society offers the "Reach to Recovery Program" in which trained volunteers with breast cancer will "reach out" to those women who request assistance during all phases of the breast cancer experience. However, this program is not available to members overseas, except in very limited areas. What can the woman do? Is there someone she can turn to, someone who can help her navigate her way around what seems like a very big, impersonal system, while providing the necessary resources, information, and support along the way?

This is the role of TRICARE's Regional Breast Health Case Manager currently based at Landstuhl Regional Army Medical Center. The case manager takes referrals from anywhere in TRICARE Europe and assists women diagnosed with breast cancer to "navigate" their way through the system by:

- Matching treatment needs with appropriate clinical and service resources within TRICARE Europe
- Networking among regional facilities to be aware of

the services they provide

- Promoting breast cancer awareness activities within the Region, thereby promoting early detection
- Ensuring women receive the same access to services and standard of care for breast cancer, no matter where they are located within TRICARE Europe
- Empowering women to be an active participant in making their own healthcare decisions by providing educational material, explaining the facts about different treatment options (not giving advice), and facilitating recommendations made by physicians for their care
- Acting as an advocate for the needs of breast cancer patients and their families
- Helping other medical personnel understand benign and malignant breast disease, their treatment and the emotional/social recovery from the disease
- Keeping abreast of the latest information on breast cancer care and educational information available to physicians, nurses, and patients

If you are a breast cancer patient, a family member, a physician of a breast cancer patient, or even someone who is interested in breast cancer because of a strong family history, you may require the assistance of a case manager. The Breast Health Case Manager is always available to answer questions or help get you "plugged" into the appropriate clinical and Service resources.

I am Marianne Airhart and I am located in the General Surgery Clinic at Landstuhl Regional Medical Center (LRMC). Please give me a call at DSN 486-7468, commercial (49)-(0)6371-86-7468 or send an email to marianne.airhart@lnd.amedd.army.mil. ■



Marianne Airhart, right, poses with LT Elizabeth Escalera, middle, and LCDR Frey during a site visit to Rota, Spain in September 2000.

Interactive Customer Evaluation

By LTC Beatrice T. Stephens
Health Plan Evaluation and Information Systems

If you have not already heard about ICE, here is some information you may find interesting. The Interactive Customer Evaluation is a web-based computer program customer comment card. The initiative is sponsored by HQ US European Command, the 6th Area Support Group, and the Secretary of Defense's Office of Quality Management. The ICE system allows customers to generate electronic comments on services ranging from housing, morale, welfare and recreation, child care, medical care and much more.

The comment cards are brief, anonymous, and consist of five standardized questions. Managers have the ability to add other questions specific to their service. The top portion of the card has standard information about the service being evaluated (location, phone number, hours of operation, and the manager POC). Customers complete the card on line and, with a click of the mouse, the information is sent to the manager's personal computer. In order to provide unsatisfied customers with immediate feedback, managers must respond to negative comments within three days.

TRICARE Europe developed two customer comment cards for evaluation of our TRICARE Service Centers and host nation medical services. We hope to have these cards integrated into the existing medical templates at the pilot sites at Rota, Lakenheath, Stuttgart, and Grafenwoehr. This initiative will eventually span to military bases throughout the world. Remember, this program does not make paper comment cards obsolete. Some customers just feel more comfortable writing their comments on paper. What the program accomplishes is instantaneous data retrieval for managers, resulting in improved processes and services for their customers. More to follow on this initiative in January's edition of the Compass. ■

A quick guide to DoD health care surveys

The (Annual) Healthcare Survey of DoD Beneficiaries--looks at beneficiary satisfaction with care provided by the MTF and civilian facilities, opinions regarding their health status, use of health services (preventive health), sources of health care, health insurance coverage and their knowledge and understanding of TRICARE.

The Monthly Outpatient Visit Customer Satisfaction Survey--looks at beneficiary satisfaction with a specific episode of care provided in an MTF outpatient clinic.

Health Related Behaviors--asks active duty service members about various health behaviors, including the use of illegal drugs, alcohol, tobacco, and at-risk sexual behavior; assesses the mental health status of the force, and specific health concerns of military women.

The Dental Care Satisfaction Survey--looks at satisfaction of Active



Staff members of the Urodynamics Clinic at Pordenone Civil Hospital pose with Dr James T. Sears, Executive Director of the TRICARE Management Activity, during a visit to medical facilities in Italy in October. The physicians are in white and the others are nurses and technicians.

Dr Sears Visits TRICARE Europe Facilities

Dr. James T. Sears, Executive Director of the TRICARE Management Activity, visited TRICARE Europe MTFs last month. During his second visit to this theater, he made stops in Italy, Germany, Belgium, and England. The purpose of his visit was to meet with the MTFs' staffs, discuss the TRICARE Program with the line leadership in theater, and meet with beneficiaries.

One of the key topics during Dr. Sears' visit was the Women, Infants, and Children (WIC) Overseas Program and its implementation at two of our European bases in January 2001. In visits to Baumholder, Germany and Lakenheath, UK, the WIC Overseas Program pilot sites, Dr. Sears stressed to the line leadership that this program is community-based and requires their support and commitment for it to be successful. His other priority throughout this trip was to assure everyone that the Military Health System (MHS) remains committed to providing quality health care to all of our beneficiaries and to ensure the proper tools are in place at the MTFs to do so.

We will provide more information on Dr. Sears' visit to TRICARE Europe in the next edition of the COMPASS.

Active Duty personnel with dental care/services provided in military dental facilities.

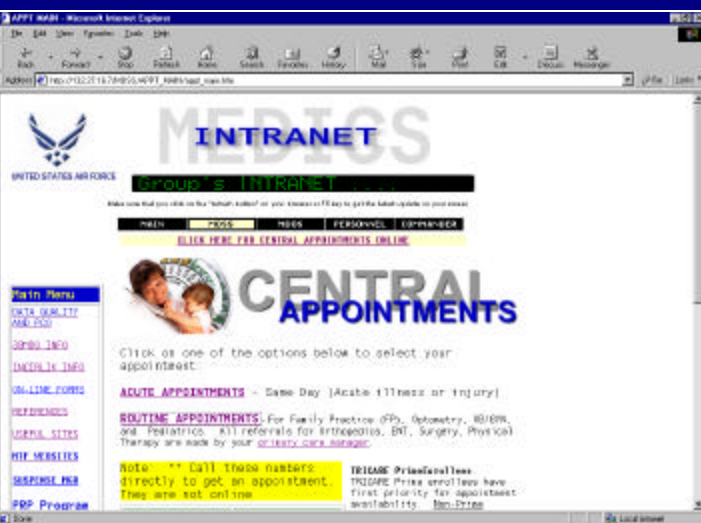
The Purchased Care Outpatient Visit Satisfaction Survey--looks at beneficiary satisfaction with a specific episode of care provided by contract physicians in an outpatient setting.

The Inpatient Customer Satisfaction Survey--looks at beneficiary satisfaction with the quality of inpatient care provided within the MHS.

39th Medical Group on the Cutting Edge

by Capt Joey Meneses, 39 MDG

Incirlik AB recently implemented an online system that enables their beneficiaries to access medical appointments on the web. This web-based system is used for routine and acute appointments. This is probably the first military site in DoD to have a web-based system for "ACUTE APPOINTMENTS" since some military sites do have routine appointments online but not acute appointments. Users simply enter their information on their web site to request an appointment and an email is sent to the user for their date and time of their appointment. Incirlik



residents are very happy with this new service and if they have problems using the phone, they could always access our website 24 hours a day/7 days a week. The 39th Medical Group's web site address is:

<http://wwwmil.incirlik.af.mil/39mdg>. ■

Editor's Note: Naval Hospital, Rota, Spain is also setting routine appointments via an on-line application form. See their web site at <http://rota-www.med.navy.mil/appointments/appointm.htm> for more information.

How are we doing? Below are the TRICARE Europe TOPS scores for the past two quarters.

MEASURE	REPORTING PERIOD	ACTUAL	REPORTING PERIOD	ACTUAL	GOAL
M2: MTF Customer Satisfaction with Quality of Health Care at the MTF	Apr-00 thru Jun-00	84%	Jan-00 thru Mar-00	85%	> = 88%
M3: MTF Customer Satisfaction with Interpersonal Relations	Apr-00 thru Jun-00	87%	Jan-00 thru Mar-00	89%	> = 84%
M4: Waiting Times at Appointment at MTF	Apr-00 thru Jun-00	92%	Jan-00 thru Mar-00	91%	> = 88%
M5: MTF Prime Enrollees Meeting Appointment Waiting Standards	Apr-00 thru Jun-00	77%	Jan-00 thru Mar-00	82%	> = 88%
M6A: Satisfaction with Access to Providers (All Users)	Apr-00 thru Jun-00	75%	Jan-00 thru Mar-00	76%	N/A
M6B: MTF Prime Enrollee Satisfaction with Access to Providers	Apr-00 thru Jun-00	74%	Jan-00 thru Mar-00	75%	> = 79%
M7A: Satisfaction with Access to System Resources (All Users)	Apr-00 thru Jun-00	77%	Jan-00 thru Mar-00	79%	N/A
M7B: MTF Prime Enrollee Satisfaction with Access to System Resources	Apr-00 thru Jun-00	77%	Jan-00 thru Mar-00	79%	> = 80%
M8: MTF Prime Enrollee Propensity to Re-enroll	Apr-00 thru Jun-00	90%	Jan-00 thru Mar-00	92%	> =84%
M9: Overall Satisfaction with MTF Clinic Visit	Apr-00 thru Jun-00	86%	Jan-00 thru Mar-00	87%	> = 86%
M10: Overall Satisfaction with Medical Care Received at MTF Visit	Apr-00 thru Jun-00	86%	Jan-00 thru Mar-00	87%	> =87%

Extracted from TMA's TRICARE Operational Performance Statement (TOPS), available on line at <http://www.tricare.osd.mil/reptcard/tops/topsrept.html>. Data is derived from various DoD health care customer surveys.

TRICARE Europe Conference Highlights MTF Optimization

by COL (Dr.) Robert Larsen, Medical Director

MG Patrick Sculley, Deputy Surgeon General of the US Army, was the keynote speaker at the recent TRICARE Europe conference entitled "Optimizing Your MTF in the 21st Century: The PCM's Roadmap to Success." Held from 17-20 September at Sonthofen Germany, this year's conference was attended by 170 commanders and primary care leaders from throughout TRICARE Europe. Distinguished speakers from CONUS and the TRICARE Europe AOR presented the latest information about how to maximize the potential of our MTFs in the years ahead. In addition, the TRICARE Europe Council convened for the first time, giving opportunity for MTF commanders to represent the voice of their staff and beneficiaries in decisions affecting the delivery of the TRICARE health benefit throughout Europe.

MG Sculley gave a dynamic presentation entitled "Facing the Challenges of the Military Health System." These challenges include the overall increases in health care costs and the current and projected shortfalls in the defense health program. There has also been a decline in the proportion of outpatient care being done in the MTFs and in primary care productivity. All of these trends accentuate the importance of MHS optimization (see Dr. Sears' article on optimization on page 9). MG Sculley also placed particular emphasis on the issue of force health protection and stressed that prevention is the core competency.

MG Sculley was followed by a number of speakers from CONUS who enlarged upon various dimensions of MTF optimization. Ms. Jane Metzger, Vice President of Emerging Practices, First Consulting Group, provided a civilian perspective on strategies to improve health care organizations. Her discussion of a new patient scheduling model called "open access" generated great interest among the providers and has resulted in seven MTFs participating in a TEO-sponsored pilot project to test this strategy.

Having identified primary care management as a critical aspect of optimization because of its central role in enrollment capacity, population health management, and individual patient care, TRICARE Europe's primary care leaders had the opportunity to attend breakout sessions on population health, primary care management optimization, clinical practice guidelines, and CHCS II. These smaller groups allowed the participants to discuss practical issues with the expert group leaders and obtain tools to implement new ideas in their facilities.

The new TRICARE Europe Lead Agent, BG Ursone, who had welcomed everyone to beautiful Sonthofen two days earlier, closed the conference with expressions of appreciation for all who had contributed to the



Maj Gen Patrick D. Sculley, Deputy Surgeon General, Chief, U.S. Army Dental Corps, and Chief of Staff, U.S. Army Medical Command, spoke to European MTF staff at the PCM conference in September 2000.

conference and offered encouragement to the attendees to continue providing the best for our beneficiaries. Conferee remarks and evaluations indicated that the conference was extremely successful in delivering a message of optimization and providing a forum for discussing and evaluating current and future efforts to redesign processes and programs to better optimize the medical care offered.

Conference slides are available on the TRICARE Europe website at <http://webserver.europe.tricare.osd.mil>. ■

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"Sticks and stones may break my bones, but names can never hurt me"

by MSgt Ron Peoples, Customer Support Services

Do you remember that rhyme from your childhood? We all knew it wasn't true, that's why we fired it off to whoever was calling us names. It HURT!!! How about professionally, can names still hurt? You bet they can. I believe our name reflects the character of the people serving under our name as well as the people we serve. Our name is not only who we are to our customers, but it is also who we are to ourselves.

May I challenge you to gather your co-workers and write down the names you would like your customers to call you. Include all aspects of what you do from answering the telephone to leaping tall buildings in a single bound. Then write down what you would not like your customers to call you. You know, those hurtful words that do more damage than sticks or stones. Post the list so that it is visible to office personnel when they arrive and depart your office each day (at the coffee pot maybe). Make it a part of your everyday practice to focus on whom you want to be known as and correct instances that give you the wrong name.

Think of the many times you have heard the names of great places to visit and the Wonderful People who work there. I believe the phrase is "they are so friendly and helpful." Who are you to your customers? Is your office name one you enjoy sharing? If not, you can change it without legal fees, documents, or hassle. It simply requires a change of focus toward your customers. ■

clip and save!

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UCCI Briefs Upcoming Changes to the Family Member Dental Plan

Dr. George Schad
Dental Program Coordinator

During the month of October 2000, beneficiaries interested in the TRICARE Family Member Dental Plan - Overseas Extension (TFMDP-OE) in Europe had an opportunity to attend briefings from representatives of United Concordia Companies Inc. (UCCI).

UCCI representatives visited bases throughout the European theater to brief the upcoming changes to the TFMDP. These changes will significantly enhance the third generation of the military's family member dental plan. This program has evolved into the premiere dental insurance program in the United States and is a real asset for military family members. The new dental contract will focus on a best business practices concept and will reward the company for increased beneficiary usage and for positive member satisfaction.

Since enrollment in the dental program has been limited in areas where military dental facilities (DTFs) are able to provide the majority of family member dental care, some of the UCCI briefings experienced low attendance. However, for families living in remote or distant site locations or for families in non-remote locations who need more care than what is available in the DTF, joining the program can be a cost-effective means to ensure dental coverage for their family members. UCCI plans to bring more dental program information to these individuals to help them make a decision whether to enroll in the plan.

Military Retiree Dental Care in Europe

Recent publicity by AFN of the DoD-sponsored dental insurance program for military retirees has resulted in a number of phone calls to dental clinics and TRICARE Service Centers from retirees interested in the dental insurance program. However, this DoD-sponsored dental insurance program **is only available for care received in the United States – benefits will not be paid for dental care in any overseas location.** Provided by Delta Dental Plans of California, this CONUS program has recently been enhanced with significant improvements and new benefits. This is the reason for the recent emphasis on publicizing the retiree program.

Many military retirees are concerned about how to get dental care when they are living or traveling in Europe. Emergency dental care is available to retirees and their eligible family members in military dental clinics throughout Europe. For routine dental care, retirees may use the space available stand-by care system in military dental clinics or go to a civilian provider. Military dental clinics are usually willing to work with retirees, and when the retiree is willing to wait a little while for broken or cancelled appointments, most clinics will

continued on page 1C

Optimization - The bedrock of our success

Dr. James T. Sears
Executive Director, TMA

The term "optimization," as it applies to military health care, has been interpreted many ways. But what does it really mean to you -- the provider, the line leader, the health care administrator?

Optimization is the bedrock of TRICARE's success. It is composed of many elements, and their cornerstone is Population Health, with its emphasis on wellness and prevention. Optimization will help us sustain a robust, deployable force, decrease disease and non-battle injuries, and result in high beneficiary satisfaction. Health care will be provided in a high quality, cost-effective integrated health service delivery system. With force health protection at its core, optimization makes the best use of the military's personnel and assets, it aligns resources to efficiently and cost-effectively provide health services within military treatment facilities (MTFs), and it uses best clinical and business practices with a Population Health approach to treating patients. The emphasis is on maintaining medical readiness through prevention and health promotion strategies, while employing disease/condition management and other demand management techniques to provide optimal care when disease is present.

Optimization means that for providers to put their valued medical skills and training to best use, we need to ensure that your facilities have sufficient resources that are utilized appropriately. When we make the best use of our resources and stay focused on our military mission and on patient care, that's a big win--for you, the patient, the military, and the taxpayer.

Optimization means that you must maximize TRICARE Prime enrollment and retention in our MTFs. The most high-quality, cost-effective health care for our beneficiaries is that which we provide in our own MTFs. As enrollment grows, so will the need for services. To meet this need, we anticipate that each primary care manager team will care for a panel of 1,500 patients. This will require optimal use of all our health care resources. The goal is at least 3.5 support staff members for each primary care manager, and two treatment rooms for each provider. You will want to empower all team members to be directly involved in each patient's care; to educate your patients about the roles the team members play in providing care; and to include clinical prevention services in every patient visit.

The single most important way to reach enrollment capacity at our MTFs is to make access to medical care easy for our beneficiaries. This includes not only streamlining and standardizing the appointment process, but also incorporating the primary care manager by name process into enrollment so that beneficiaries know who their providers are. We are already well on our way to achieving this, with 80 to 100 per cent of beneficiaries in many regions enrolled to primary care managers by name. By encouraging beneficiaries to seek health care information from their self-care books and from telephone information and health advice lines, and to use nurse triage for ambulatory care, we are better able to keep

our appointments, emergency departments and exam rooms accessible to patients when they really need to be seen by their providers.

Optimization means that there will be a change in the nature of the relationships providers have with their patients. We will work as well-oiled teams, not only with our patients, but also with our co-workers. As we get better at "managing the care" of our enrolled patients, we should begin to see an increase in pro-active, preventive and wellness-based services and, ultimately, a corresponding decrease in demand for care related to illnesses and complications that could have been prevented. We will enjoy a return to the professional satisfaction of knowing our patients and their particular histories and health care needs. We will empower them to be involved in managing the state of their health as true partners in this critical aspect of their lives.

"When we make the best use of our resources and stay focused on our military mission and on patient care, that's a big win--for you, the patient, the military, and the taxpayer."

These provider-patient relationships will be founded upon some basic concepts. If you are a primary care manager, you will know the patient's health characteristics because of health risk assessments that the patient will complete. To be pro-active, your team will organize its panel of patients according to their risk factors, age and gender, conditions, and other factors, in order to target them for particular types of screenings, treatments or programs.

Optimization means you may use a combination of military and civilian community resources to provide certain types of services (i.e., tobacco cessation programs, cancer support groups) to meet your patients' specific needs.

Optimization includes increased integration between the military health system and its civilian network of providers. This requires referral management and feedback to primary care managers who refer their patients to specialists. Upcoming improvements to technology will support and enhance information integration and access.

For TRICARE to be successful, the services, line commanders, MTF commanders, providers and beneficiaries must all understand and embrace the concepts of optimization. This means providing the necessary resources to support change in the way we do business - adequate space, state-of-the-art technology, decision support tools, and practice enhancements. It also means ensuring that health care policies at local, regional and national levels are concurrent with optimization goals.

The concepts of optimization are solid. We are constructing upon this foundation called "optimization," a health care system that has the potential for being one of the world's best. But optimization represents a paradigm shift, and it requires a different mindset than we have had in the past. We must work as a team, provide necessary resources, realign existing resources, recognize the relationship between military readiness and health promotion, and create a better quality of life for providers and patients. This is definitely our "work in progress!" ■

Public Affairs and Marketing

by Sue Christensen
Public Affairs Officer



Marketing Orders. I've received a number of enquiries about the last marketing order. The TRICARE brochures have been sent out by TMA. If you have not received your order, please let me know. The TRICARE magnet orders have been shipped by the contractor. Remember this is the final delivery on the magnets – we will not be able to order them again from TMA. If these prove to be a popular and useful item, we may be able to take over ordering them directly from the contractor. TRICARE Europe Wallet Cards and PHA Packets have been delivered from the April 2000 order. Because of problems with the contractor, the passports and passport folders are still in production but we hope to get them delivered to you shortly.

Information Changes. Often, the nature of the game is change as personnel move in and out of our organizations and as we grow to accommodate our missions or upgrade our technology. Please make sure to let TRICARE Europe know when you have changed critical information at your medical facility or remote location. Many of our marketing and public relations materials include TRICARE Service Center and other telephone numbers and addresses, so please make sure to keep us informed. Some military locations have changed their e-mail addresses to keep up with the latest technology – please send us your e-mail address changes so that the MTF e-mail address group can be kept up-to-date. E-mail or other changes may be sent to teo@sembach.af.mil or to teo.pao@sembach.af.mil.

New Public Affairs & Marketing Assistant.

TRICARE Europe has a new PA&M assistant, Christine Ribble. Christine was formerly TRICARE Europe's executive secretary but opted to go part time in order to spend more time with her infant son. She is an invaluable and welcome addition to the PA&M staff. She can be reached at christine.ribble@sembach.af.mil, DSN 496-6315 or CIV (49)-(0)6302-67-6315.

New E-Mail Address for TEO Public Affairs. We have established a new, generic e-mail address for public affairs and marketing issues and questions. It is teo.pao@sembach.af.mil. Feel free to put this address in your e-mail address books instead of my or Christine's address. This way, when personnel change, you will still have your questions answered in a timely fashion.

Standard Handbooks. Remember that Standard Handbooks must be ordered through your base publications distribution offices. They should be provided to each new enrollee during your newcomers'

orientation programs and available at each TSC.

TRICARE Claim Forms TRICARE Claim forms are DoD forms and must be ordered through your publications and forms distribution office. Many people have established on-line accounts and can order the forms via the web. If you do not have this capability, you must order these forms as you would any other government form, through your local support channels.

Media Readiness Room on TMA Web Site. TMA's Media Readiness room has been updated and is available at its' own website, www.tricare.osd.mil/media. TMA is making an effort to update it more frequently with what's hot, current issues, fast facts, important upcoming events, recent headlines and good news about TRICARE. Take a look!■

Dental Program, continued from page 8

do their best to ensure that the retiree is taken care of.

Retirees who need specialized care may find space available care in military DTFs less accessible. We recommend they seek the care from local host nation providers or wait until their return to the US.

The next question that most retirees are concerned with is when will we get a retiree dental insurance program overseas? The answer to that is not known, but at this point in time we do not see any active effort being made by the DoD to make this happen. Until there is sufficient interest and pressure placed on the legislature by retirees and retiree organizations, there would be no reason to anticipate a retiree dental insurance program in the overseas area in the near future. ■



In an effort to familiarize you with the TEO staff, we'd like to take the opportunity to highlight one of the TEO divisions in each COMPASS. This month, we're proud to introduce you to the Customer Services Division. From the left, Martin Hollingworth, Uli Engel, Deanne Haase and MSgt Ron Peoples. Not pictured is Maj Tom Haines, Director, Customer Support Services.

Breast Cancer Awareness Month

by Maureen Sherman
BHAP Coordinator

Last month was a very busy month for the TRICARE Europe Breast Health Awareness Program staff as we traveled to many facilities to observe and participate in Breast Cancer Awareness Month (BCAM) activities.

In this article, I'd like to highlight our experiences with the BCAM programs put on by the Women's Forum at Rota, Spain. I was fortunate to be able to attend, along with Ms. Marianne Airhart, TRICARE Europe's Breast Cancer Case Manager.

The preparations for the daylong program began in late September 1999 when LT Mari Schulz, the President of the Women's Forum, approached CAPT Elizabeth K. Holmes, a psychologist at Rota, and asked her the question, "Do you believe in free speech?" CAPT Holmes replied, "Why of course I do." LT Schulz then replied, "Good, you will be giving a **free speech** on September 30th for the Women's Forum Conference!" After that statement, CAPT Holmes was immediately placed on LT Schulz's list as the guest speaker for the Woman's Forum program for September 30, 2000. The conference served to kick-off the Breast Cancer Awareness Month activities.

LT Mary Schulz said that the single purpose of the Rota Joint Women's Forum is to promote the overall well-being of women in the Rota community through education. Specifically, the group concentrates its efforts on preparing an annual one-day conference consisting of several classes dealing with women's issues. The classes range from health, finance, self-esteem, and military life to local base offerings and more. The goal of the conference is to create a gathering where people, specifically women, could become better informed. In addition, participants are offered a unique opportunity to network with individuals who would not otherwise come together, ultimately creating a stronger, more informed community.

The number of guests at the program on 30 September was a remarkable showing of approval for the Woman's Forum. More than 150 women attended. The program began at 0900 with an opening ceremony, which consisted of a candle lighting ceremony to kick-off Breast Cancer Awareness Month. A large pink candle was placed on a table covered with pink ribbons. Surrounding the table was a plaque where the names of family members of the attendees who had died from breast cancer were written. The ceremony was very emotional and set the theme for the day. After a brief introduction on the background of Breast Cancer Awareness Month by the BCI POC LT Elizabeth Escalera, the day's programs began at the middle school. Each of

the providers at Rota had their own classroom space. The attendees went from room to room every hour, and each room offered a different educational program. The programs included breast health and anatomy, breast cancer risk factors, breast cancer screening, nutrition and cancer, cooking, estrogen replacement, setting up an exercise program, how to lose weight safely, the art of massage, and a class on cooking with soy. These are only a few of the basic topics discussed throughout the day. There was a luncheon where the women all had an opportunity to get to know one another and ask questions. Lancôme Cosmetics had a beautician available to give tips on using makeup and how to look better. The Lancôme Company also provided some promotional packets and gift incentives for the many guests. Lunch was followed by more breast cancer awareness information, again presented by LT Escalera. Each woman was invited to come up and have a risk assessment review preformed for her. After having their risk assessments done, the educational sessions resumed for the afternoon.

At approximately 3 p.m., the group convened in the main room for a cake cutting ceremony. A commentary was given at that time on the differences in how men and women think. The theme, presented by CAPT Elizabeth K. Holmes, was, "He is from Mars while she is from Venus."

The Women's Forum Day was voted as one of the most enjoyable afternoons any of the attendees have had. Guest speaker CAPT Holmes had the attention of everyone throughout the remainder of the afternoon. After the completion of the program, each woman received a small gift so she might remember the day for years to come. The members of the Rota staff, who had worked so hard, were well rewarded by the smiles and laughter of the wonderful group of women who attended the program.

Rota can be proud of this year's presentation. It was evident that the Rota staff worked together to create a memorable day for everybody. ■



TRICARE EUROPE EXECUTIVE STEERING COMMITTEE

Brig Gen Richard Ursone (Lead Agent & Chair) . Comd Surg, USAREUR
Colonel (Dr.) Thomas J. Loftus Command Surgeon, HQ USAF
CAPT (Dr.) Thomas K. Burkhard ... Fleet Medical Off, CINCUSNAVEUR
Col Debra Geiger (Cerha) Executive Director, TRICARE Europe
CAPT (Dr.) Richard B. Hall II..... Cmd Surgeon, HQ USEUCOM/ECMD
CAPT Phil BarnettChair, MTF Commanders Council
Col (Dr.) James Schrader Chair, Dental Advisory Committee

TRICARE EUROPE STAFF CHANGES

Welcome to.....

..... Maj Tom Haines, who arrived from the 86th Med Group at Ramstein to take over the helm of the Customer Support Services Division.

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November will see the departure of Jenny Huntsman, who has been a valuable asset to the organization – our metrics “Genie”! She will be missed by all. Deanne Haase has moved over from Customer Support Services to fill her position.

November will also see new staff coming on board to round out the TRICARE Europe staff – civilian positions in Customer Support Services and Population Health are expected to be filled before the end of the year. Staff have arrived to assist with implementing the new WIC Overseas Program. Maj Julie Flekal and LTC Muriel Metcalf will be working closely with CAPT Maureen Hogan at the TEO for the next few months.

## TRICARE EUROPE OFFICE STAFF

Col Debra Geiger (Cerha)  
VACANT  
CDR Cindy DiLorenzo  
SFC Darrell Kelley  
COL (Dr.) Robert Larsen  
CAPT Maureen Hogan  
Lt Col Elizabeth Robison  
Maureen Sherman  
LCDR Geri Haradon  
K.C. Collins  
Sonny Bowen  
Maj Tom Haines  
MSgt Ron Peoples  
SPC Jason Tyson  
Uli Engel  
Martin Hollingworth  
LTC Beatrice Stephens  
Deanne Haase  
1Lt Derrick Eckley  
Terry Taylor  
Vacant  
Jenny Huntsman  
Mark Judson  
Daryl Kanter  
Sue Christensen  
Christine Ribble  
Dr George Schad  
Anne Beauchamp

Executive Director  
Executive Secretary  
Executive Officer  
Superintendent, Admin Services  
Medical Director  
WIC Program Manager  
Director, Population Health  
Breast Health Program Coordinator  
Director, Operational Mgmt Support  
Budget Officer  
Contracting Officer  
Director, Customer Support Svcs  
Deputy Director, Customer Services  
Customer Support Services  
Customer Support Services  
Customer Support Services  
Director, Health Plan Analysis  
Data Analyst  
Chief Information Officer  
LAN Administrator  
Web Administrator  
Data Analyst  
Data Analyst  
Data Analyst  
Director, Public Affairs & Marketing  
PA&M Assistant  
Dental Program Coordinator  
Dental Program Assistant



TRICARE EUROPE  
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OFFICIAL BUSINESS

DOD-OIM

ADDRESSEE: Please e-mail address corrections/updates to TRICARE Europe at [teo.pao@sembach.af.mil](mailto:teo.pao@sembach.af.mil)